



Date: 07/23/15 Time: 0500 Arrest#: 15-2015-AR Incident #: _____

Reporting Officer: Joseph Zurheide ID# 348

Suspects Name: Munroe, Joseph DOB: [REDACTED] SSN: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain:
☒ Yes ☐ No

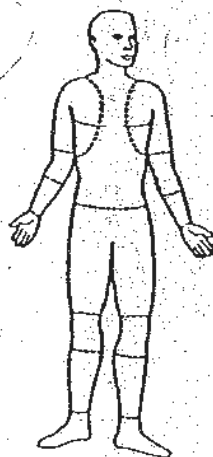
Was the subject injured? If YES, please describe the injuries: Bruises from struggle with officers while
☒ Yes ☐ No subject had one hand (right hand) handcuffed

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMR
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

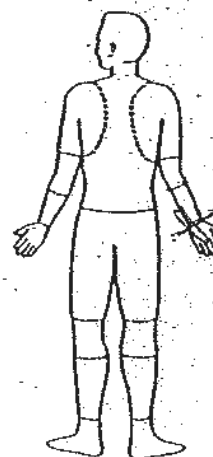
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): B. Michael McQuay # 128
 (Last) (First) (Middle) ID#: 313

Signature of Reviewing Supervisor: [Signature] # 313

☒ Approved ☐ Disapproved

(Print): FRASO MANUEL ID#: 263
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 7/27/15 Time: 11:26 Arrest#: 15-2050 Incident #: _____
 Reporting Officer: Goudreau # 202 ID# 202
 Suspects Name: Borge Figueroa DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

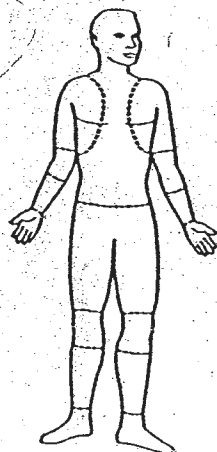
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

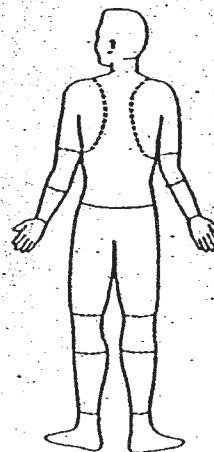
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

THIS WAS A JUSTIFIED USE OF FORCE. THE SUBJECT
WAS STRUGGLING WITH THE OFFICERS UNTIL THE TASER
WAS DRAWN. POSSIBLY SAVED OFFICER OR SUBJECT FROM INJURY

Supervisors Name (print): LOFTUS STEPHEN T ID#: 168

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FEBO, MAWEL ID#: 263

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 7/19/15 Time: 01:21 Arrest#: 15-1981-AR Incident #: _____
 Reporting Officer: MARTIN, Erik J #342 ID# 342
 Suspects Name: Heard, Monique DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Taser was drawn and pointed at Ms. Heard. Ms. Heard then became compliant without the need for probe deployment or drive stun.
 Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

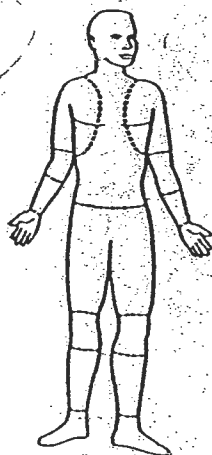
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

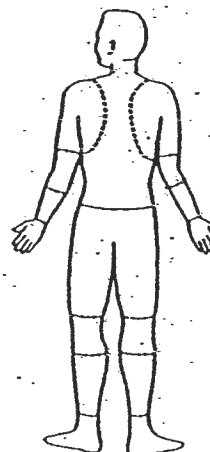
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

After review of the arrest report and use of force report, it was determined that the suspects action category was assaultive (Body Harm). The taser was drawn and that alone was effective.

Supervisors Name (print): Garcia Joseph ID#: 200

Signature of Reviewing Supervisor: Lt. Joseph Garcia # 200 / Officer Barrego # 203

☒ Approved ☐ Disapproved

(Print): Fabio MANUEL ID#: 263

Signature of Bureau Commander: [Signature] # 50

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 7/2/15 Time: 1655 Arrest#: 15-1757AR Incident #: _____

Reporting Officer: M. WELCH 307 ID# 307

Suspects Name: DANIEL CORIANO DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: Some what, he got onto the ground but refused to put his hands behind his back.

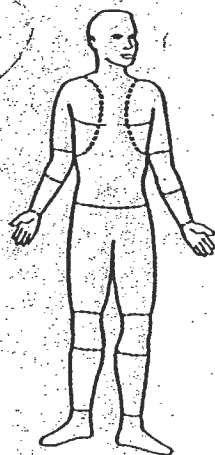
Was the subject injured? If YES, please describe the injuries: _____

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

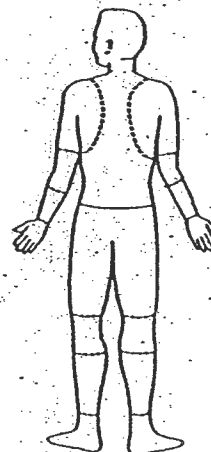
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

DRIVE STUN WAS effective in getting suspect to place hands behind his back.

Supervisors Name (print): CALZ ISAAS ID#: 262
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FELIX MARQUEL 263 ID#: 263
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 06/30/15 Time: 23:15 Arrest#: 15-1847-A Incident #: _____

Reporting Officer: DELVALLE, SAMUEL ID# 326

Suspects Name: GIAMMARINO, ANTHONY DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☒ No

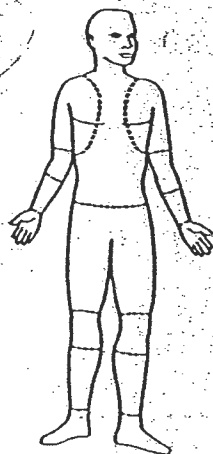
Was the subject injured? If YES, please describe the injuries: INJURED BUT NOT AS A RESULT OF
☒ Yes ☐ No DRIVE STUN.

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMR
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

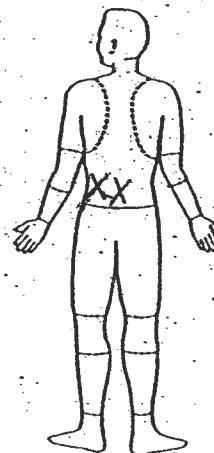
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Based on a review of all related reports, the use of force in this case appears to be justified and reasonable.

Supervisors Name (print): McCay, Michael ID#: 198

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FEBO, MANUEL ID#: 263

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 07/18/14 Time: 2000 Arrest#: 14-1810-A/2 Incident #: _____

Reporting Officer: BOYLE #321

Suspects Name: ISAIAH CALDERON ID# 321 DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

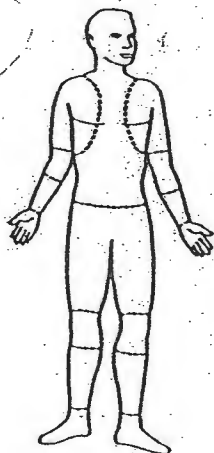
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

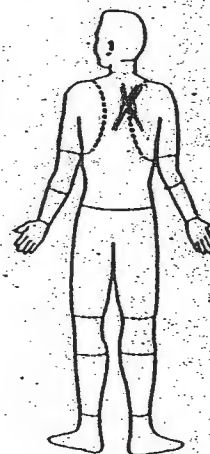
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Subject resisted officers attempt by grabbing a fence. Use was justified.

Supervisors Name (print): Stuart ID#: 236

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pratt ID#: 233

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 7/16/14 Time: 01:14 Arrest#: _____ Incident #: 14-38480F
 Reporting Officer: WALTER BORRERO ID# 313
 Suspects Name: JONATHAN ABREU DOB: [REDACTED] SSN # N/A

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

☒ Yes ☐ No

PRIOR INJURIES / GASH ON HIS HEAD

Was the subject given medical treatment? If YES, who administered the treatment?

☒ Yes ☐ No

What hospital, if any, was the subject transported to?

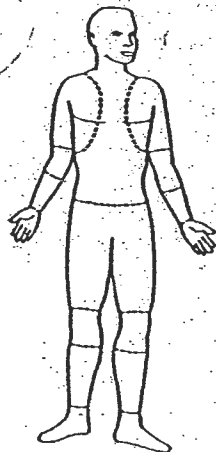
☐ H.P.D. ☐ H.F.D. ☒ AMI
☒ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

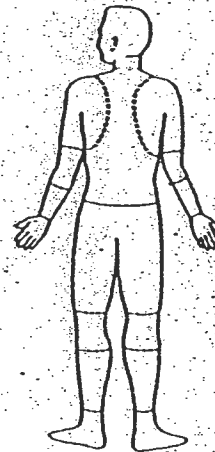
Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ N



Front



Back

Supervisor Reviewing Use Comments:

Branding the TASER was proper due to the nature of the call

Supervisors Name (print): Steven R. Clark

(Last)

(First)

(Middle)

ID#: P286

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pat H. [Signature]

(Last)

(First)

(Middle)

ID#: 235

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 07/03/19 Time: 11:15 Arrest#: 1670 Incident #: _____
 Reporting Officer: OYEK 201 ID# 201
 Suspects Name: RICHARD MARTINEZ DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

TASER IMPLIED THOUGH NOT DISCHARGED TOWARDS SUSPECT

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

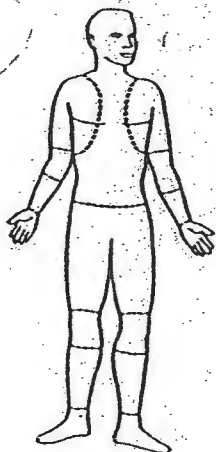
NOT FROM TASER / ELBOW INJURY FROM FALL

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

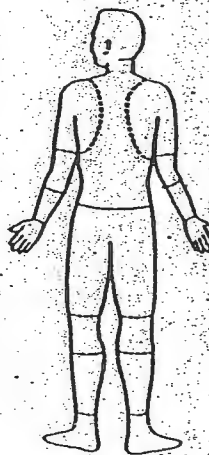
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

VALID USE

Supervisors Name (print): LOFTUS STEPHEN T ID#: 168

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): [Signature] [Signature] [Signature] ID#: 235

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/25/14 Time: 1845

Arrest#: 14-1620-AR

Incident #: _____

Reporting Officer: Cristal Marzi

ID# 343

Suspects Name: John Smith

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: He continued to be actively resisting by not giving us his hands and we were unaware if he had weapons

☐ Yes ☒ No

Was the subject injured? If YES, please describe the injuries: Facial lacerations brought to HMC

☒ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI

☒ Yes ☐ No

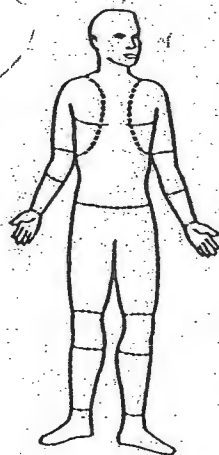
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

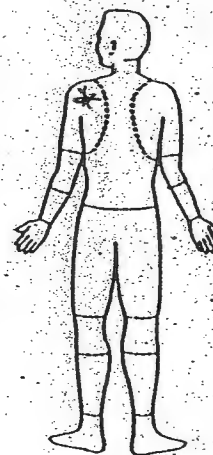
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Officer Marzi and others were dealing with an extremely violent person. She delayed her later under the correct circumstances but could not get good contact to get the desired effects. Her attempts were appropriate for the situation.

Supervisors Name (print):

Stosner

Richard

B

ID#: 276

Signature of Reviewing Supervisor:

[Signature]

☒ Approved ☐ Disapproved

(Print):

[Signature]

[Signature]

R

ID#: 275

Signature of Bureau Commander:

[Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/25/14 Time: 1845

Arrest#: 14-1620-AR Incident #: _____

Reporting Officer: Crystal Manzi

ID# 343

Suspects Name: John Smith

DOB: 5/1/77

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: He continued to be actively resistant by not giving us his hands and we were unaware if he had weapons

☐ Yes ☒ No

Was the subject injured? If YES, please describe the injuries: Facial lacerations brought to HMC

☒ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI

☒ Yes ☐ No

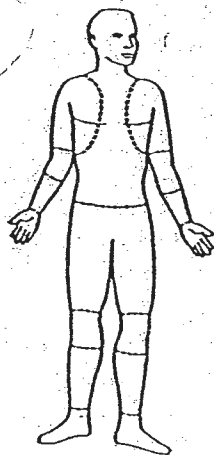
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

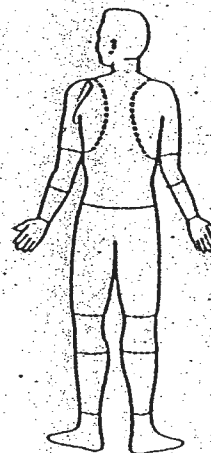
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

at least was proper but she could not get good contact for the stun.

Supervisors Name (print): Stuart R. Del B

(Last)

(First)

(Middle)

ID#: 206

Signature of Reviewing Supervisor: Sgt. [Signature]

☐ Approved ☐ Disapproved

(Print): _____

(Last)

(First)

(Middle)

ID#: _____

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief of Office immediately upon completion

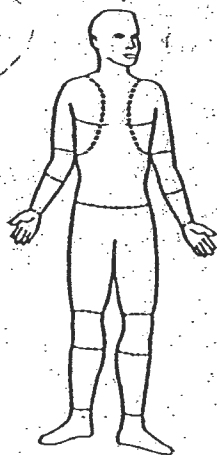


Date: 6/25/14 Time: 1845 Arrest#: 14-1620-1R Incident #:
 Reporting Officer: Crystal Manzi ID# 343
 Suspects Name: John Smith DOB: SSN #

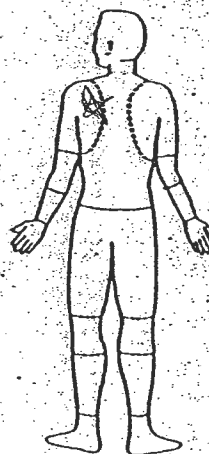
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: He continued to be resistant active by not giving us his hands and we were unaware if he had
☐ Yes ☒ No
 Was the subject injured? If YES, please describe the injuries: Fatial lacerations brought to weapons
☒ Yes ☐ No HMC
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?
 Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: # of Bursts: Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

could not make good contact to get needed result but attempt was within guidelines

Supervisors Name (print): Stuart Rich ID# 286

Signature of Reviewing Supervisor: Sgt Rich

☐ Approved ☐ Disapproved

(Print): ID#:

Signature of Bureau Commander:

* This form is to be submitted to the Chief's Office immediately upon completion

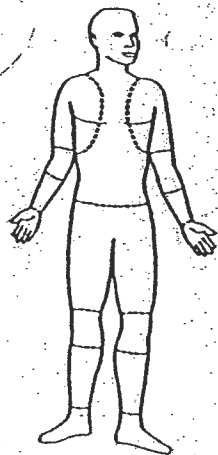


Date: 6/25/14 Time: 1845 Arrest#: 14-1620-48 Incident #: _____
 Reporting Officer: Crystal Marzi ID# 343
 Suspects Name: John Smith DOB: [REDACTED] SSN # [REDACTED]

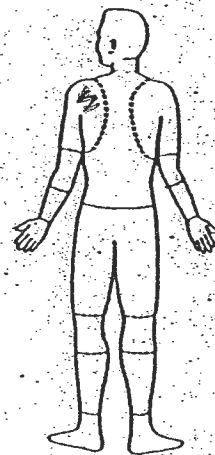
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: he continued to be resistant active by not giving
☐ Yes ☒ No is his hands and we were unaware if he had weapons
 Was the subject injured? If YES, please describe the injuries: Facial laceration brought to HMC
☒ Yes ☐ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?
 Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Subject was per actively resisting but she could not get
good contact.

Supervisors Name (print): Staves Richard B ID#: 296
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature] # 256

☐ Approved ☐ Disapproved

(Print): _____ ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion

EVIDENCE SYNCTM OFFLINE

DEVICE REPORT

TASER Information

Serial #: X00-686213

Model #: X26

Firmware

version: USB: 06, SW: 22

Offline Report

Date:

25 Jun 2014 20:43:00

Local Timezone: Eastern Standard Time (UTC -4:00)

Event Log

#	UTC Time	Local Time	Event	Duration	Temp	Battery
1	06/23/2014 11:18:08	06/23/2014 07:18:08	FIRE	3s	0°C	25%
2	06/23/2014 11:18:11	06/23/2014 07:18:11	FIRE	1s	23°C	25%
3	06/25/2014 19:12:28	06/25/2014 15:12:28	FIRE	1s	22°C	25%
4	06/25/2014 22:37:43	06/25/2014 18:37:43	FIRE	5s	28°C	25%
5	06/25/2014 22:37:48	06/25/2014 18:37:48	FIRE	5s	28°C	25%
6	06/25/2014 22:37:54	06/25/2014 18:37:54	FIRE	5s	28°C	24%
7	06/25/2014 22:37:58	06/25/2014 18:37:58	FIRE	3s	28°C	24%
8	06/26/2014 00:42:46	06/25/2014 20:42:46	SYNC	06/26/2014 00:44:24 to 06/26/2014 00:42:46		
9	09/18/2012 02:44:47	09/17/2012 22:44:47	FIRE	5s	24°C	98%
10	09/18/2012 02:58:57	09/17/2012 22:58:57	FIRE	1s	23°C	97%
11	09/18/2012 03:07:09	09/17/2012 23:07:09	FIRE	5s	28°C	97%
12	09/18/2012 03:19:01	09/17/2012 23:19:01	FIRE	2s	29°C	97%
13	09/18/2012 05:20:47	09/18/2012 01:20:47	FIRE	2s	23°C	97%
14	09/18/2012 07:14:17	09/18/2012 03:14:17	FIRE	5s	26°C	96%
15	09/18/2012 07:14:33	09/18/2012 03:14:33	FIRE	1s	27°C	96%
16	09/26/2012 14:12:57	09/26/2012 10:12:57	FIRE	5s	21°C	96%
17	09/26/2012 14:13:36	09/26/2012 10:13:36	FIRE	5s	22°C	95%
18	09/26/2012 17:44:36	09/26/2012 13:44:36	FIRE	2s	24°C	95%
19	09/26/2012 17:45:45	09/26/2012 13:45:45	FIRE	1s	24°C	95%
20	09/26/2012 17:57:28	09/26/2012 13:57:28	FIRE	5s	25°C	95%
21	09/26/2012 17:57:46	09/26/2012 13:57:46	FIRE	5s	26°C	94%
22	09/26/2012 18:02:37	09/26/2012 14:02:37	FIRE	5s	26°C	94%
23	09/26/2012 18:02:50	09/26/2012 14:02:50	FIRE	5s	26°C	94%
24	09/26/2012 18:08:08	09/26/2012 14:08:08	FIRE	5s	26°C	93%
25	09/26/2012 18:12:53	09/26/2012 14:12:53	FIRE	4s	26°C	93%
26	09/26/2012 18:13:02	09/26/2012 14:13:02	FIRE	3s	26°C	93%
27	09/26/2012 18:33:29	09/26/2012 14:33:29	FIRE	5s	26°C	92%
28	09/26/2012 18:33:43	09/26/2012 14:33:43	FIRE	5s	26°C	92%
29	09/28/2012 14:00:23	09/28/2012 10:00:23	FIRE	5s	21°C	91%
30	09/28/2012 14:01:56	09/28/2012 10:01:56	FIRE	1s	21°C	91%
31	09/28/2012 14:02:13	09/28/2012 10:02:13	FIRE	1s	21°C	91%
32	09/28/2012 17:42:18	09/28/2012 13:42:18	FIRE	5s	20°C	91%
33	09/28/2012 17:42:53	09/28/2012 13:42:53	FIRE	5s	21°C	90%
34	09/28/2012 17:43:21	09/28/2012 13:43:21	FIRE	5s	22°C	90%
35	09/28/2012 17:43:45	09/28/2012 13:43:45	FIRE	5s	23°C	90%
36	09/30/2012 03:50:42	09/29/2012 23:50:42	FIRE	1s	23°C	89%
37	09/30/2012 09:12:18	09/30/2012 05:12:18	FIRE	1s	26°C	89%
38	09/30/2012 09:13:46	09/30/2012 05:13:46	FIRE	1s	27°C	89%
39	09/30/2012 09:21:33	09/30/2012 05:21:33	FIRE	2s	24°C	89%
40	09/30/2012 09:51:22	09/30/2012 05:51:22	FIRE	3s	23°C	89%
41	09/30/2012 09:51:35	09/30/2012 05:51:35	FIRE	5s	23°C	89%



Date: 06/25/14 Time: 18:15 Arrest#: 14-1620 Incident #: _____

Reporting Officer: DELVANE, SAMUEL

ID# 326

Suspects Name: SMITH, JOHN

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: SMITH CONTINUED TO ACTIVELY RESIST
☐ Yes ☒ No

Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

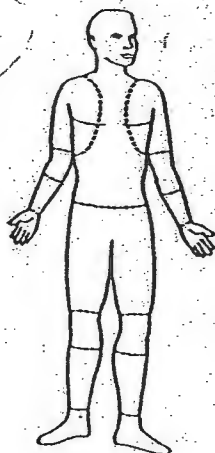
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

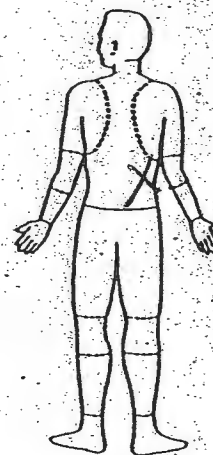
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Subject was constantly resisting officer attempts at handcuffing. See in OBS. MANVZ. Having difficulty making good contact used his TASER and got the desired results. Use was within Policy & Procedures.

Supervisors Name (print): S

(Last)

(First)

(Middle)

ID# _____

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Pam H

(Last)

and

(First)

R

(Middle)

ID#: 033

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 06/25/14 Time: 18:15 Arrest#: 14-1620 Incident #: _____
 Reporting Officer: DELVALLE, SAMUEL ID# 326
 Suspects Name: SMITH, JOAN DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

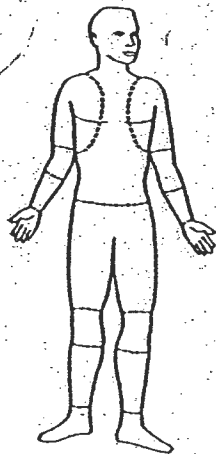
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMI
 What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

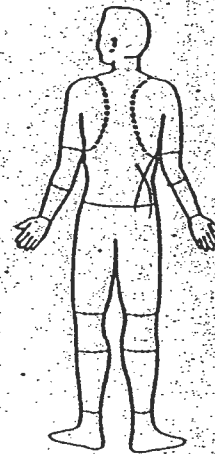
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

See A-144 d.d. Use was proper and within regulations.

Supervisors Name (print): Stuart Pichel B ID# 218
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): _____ ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: _____

#	UTC Time	Local Time	Event	Duration	Temp	Battery
201	05/18/2014 19:11:15	05/18/2014 15:11:15	FIRE	1s	23°C	77%
202	05/19/2014 19:15:25	05/19/2014 15:15:25	FIRE	1s	25°C	77%
203	05/20/2014 19:54:13	05/20/2014 15:54:13	FIRE	1s	26°C	77%
204	05/22/2014 19:54:43	05/22/2014 15:54:43	FIRE	1s	24°C	77%
205	05/24/2014 19:23:12	05/24/2014 15:23:12	FIRE	1s	24°C	77%
206	05/26/2014 19:54:49	05/26/2014 15:54:49	FIRE	1s	24°C	77%
207	05/28/2014 11:57:18	05/28/2014 07:57:18	FIRE	1s	24°C	77%
208	05/29/2014 11:59:51	05/29/2014 07:59:51	FIRE	1s	24°C	77%
209	05/31/2014 19:10:06	05/31/2014 15:10:06	FIRE	1s	24°C	76%
210	06/01/2014 01:11:50	05/31/2014 21:11:50	FIRE	5s	24°C	76%
211	06/01/2014 01:43:47	05/31/2014 21:43:47	SYNC	06/01/2014 01:45:28 to 06/01/2014 01:43:47		
212	06/01/2014 02:00:10	05/31/2014 22:00:10	SYNC	06/01/2014 02:00:10 to 06/01/2014 02:00:10		
213	06/01/2014 04:28:41	06/01/2014 00:28:41	SYNC	06/01/2014 04:28:42 to 06/01/2014 04:28:41		
214	06/01/2014 20:02:01	06/01/2014 16:02:01	FIRE	1s	24°C	76%
215	06/03/2014 12:03:17	06/03/2014 08:03:17	FIRE	1s	24°C	76%
216	06/05/2014 11:54:13	06/05/2014 07:54:13	FIRE	1s	24°C	76%
217	06/06/2014 11:56:18	06/06/2014 07:56:18	FIRE	1s	24°C	76%
218	06/07/2014 21:40:06	06/07/2014 17:40:06	FIRE	1s	23°C	76%
219	06/09/2014 12:04:10	06/09/2014 08:04:10	FIRE	1s	24°C	76%
220	06/10/2014 11:55:33	06/10/2014 07:55:33	FIRE	1s	24°C	75%
221	06/11/2014 12:00:36	06/11/2014 08:00:36	FIRE	1s	24°C	75%
222	06/12/2014 19:11:04	06/12/2014 15:11:04	FIRE	1s	24°C	75%
223	06/17/2014 11:48:47	06/17/2014 07:48:47	FIRE	1s	24°C	74%
224	06/18/2014 11:53:05	06/18/2014 07:53:05	FIRE	1s	22°C	74%
225	06/19/2014 11:52:01	06/19/2014 07:52:01	FIRE	1s	22°C	74%
226	06/20/2014 19:51:11	06/20/2014 15:51:11	FIRE	1s	24°C	74%
227	06/22/2014 12:01:53	06/22/2014 08:01:53	FIRE	1s	21°C	74%
228	06/23/2014 19:08:33	06/23/2014 15:08:33	FIRE	1s	20°C	74%
229	06/24/2014 11:56:52	06/24/2014 07:56:52	FIRE	1s	22°C	74%
230	06/25/2014 19:54:35	06/25/2014 15:54:35	FIRE	1s	20°C	74%
231	06/25/2014 22:37:08	06/25/2014 18:37:08	FIRE	5s	24°C	74%
232	06/25/2014 22:37:14	06/25/2014 18:37:14	FIRE	5s	24°C	73%
233	06/26/2014 00:51:26	06/25/2014 20:51:26	SYNC	06/26/2014 00:52:25 to 06/26/2014 00:51:26		



Date: 05/31/14 Time: 21:20 Arrest#: 14-1428-AR Incident #: _____

Reporting Officer: DELVALLE, SAMUEL

ID# 324

Suspects Name: RODRIGUEZ, LUIS

DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

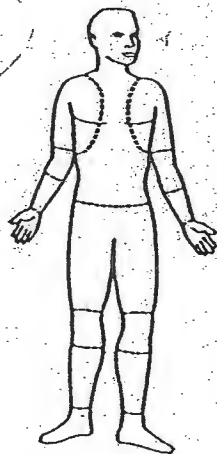
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

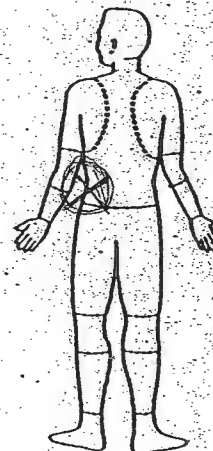
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Subject actively resisted officers attempt to get him out of car and into custody
Drive Stun was a proper response as per Dept Guidelines

Supervisors Name (print): Stoner Richard R ID# 216

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pho H Land R ID# 235

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 5/27/14 Time: 14:24

Arrest#: 14-1390

Incident #: _____

Reporting Officer: Goudreau

ID# 202

Suspects Name: Maria Hernandez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

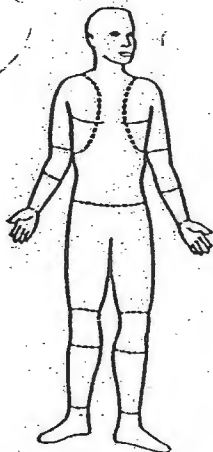
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AM
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

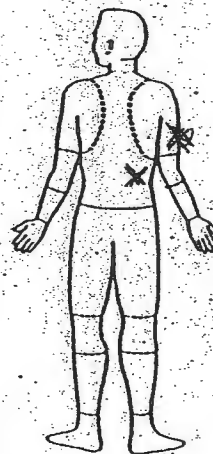
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front.



Back

Supervisor Reviewing Use Comments:

Officer Goudreau was justified in his use of the drive stun mode on the taser as the subject escaped from the handcuffs and resisted arrest.

Supervisors Name (print): Fournier

(Last)

David

(First)

[Signature]

(Middle)

ID#: 169

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Patt

(Last)

[Signature]

(First)

[Signature]

(Middle)

ID#: 235

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 5/27/14 Time: _____ Arrest#: _____ Incident #: 14-2763-0P
Reporting Officer: Colon ID# 264
Suspects Name: Bernette Grant DOB: 1/22/88 SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

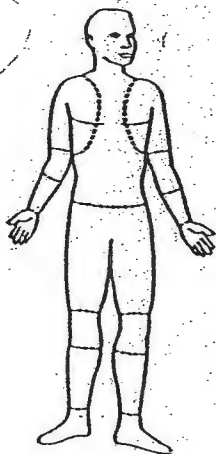
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

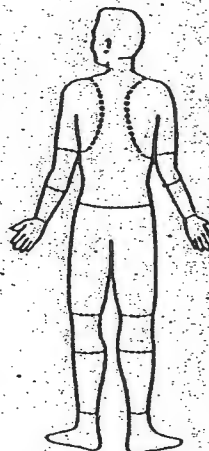
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser NONE

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Based on circumstances Officer Colon was justified in removing his taser.
Officer Colon stated the subject was agitated nad refusing officers commands. The use
of the taser not necessary and tha subject was cuffed for scene safety.

Supervisors Name (print): Fournier David ID#: 169

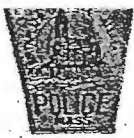
Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Paul H Paul R ID#: 233

Signature of Bureau Commander: Capt. [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 05/17/2014 Time: 1709 Arrest#: 1307 Incident #: 14-1307-AR
Reporting Officer: Jamie Girard ID# 335

Suspects Name: Eulysses Hernandez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

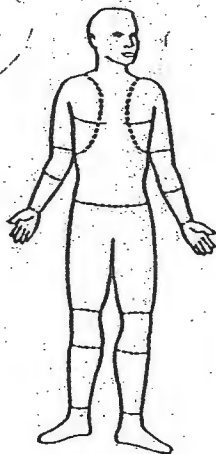
Was Use of Force Effective? If NO, please explain: Chasing male party in foot pursuit
☐ Yes ☒ No Party refused to comply, I fired taser and missed as he kept
Was the subject injured? If YES, please describe the injuries:
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

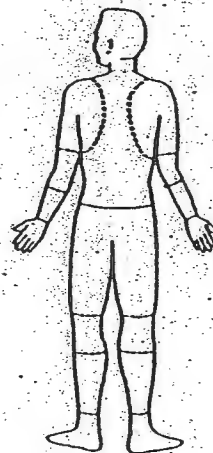
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

See ATTACHED

Supervisors Name (print): Stuart Richard ID#: 256
(Last) (First) (Middle)

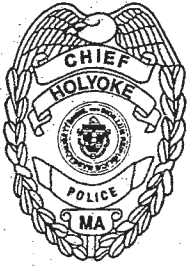
Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Leah David R ID#: 235
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



HOLYOKE POLICE DEPARTMENT INTEROFFICE CORRESPONDENCE

TO: Capt. David Pratt
FROM: Sgt. Richard Stuart
RE: Arrest 14-1307AR (Taser use)
DATE: 05/22/14

Capt. Pratt,

On 5/21/14 I reviewed the use of the TASER by Officer Girard. Upon reading the report I feel that his attempt to stop a fleeing party by using the TASER was improper and not within guidelines. On 5/22 I came to the station at 2245 to speak with Officer Girard regarding this matter.

I explained to him that, according to his report that the initial call of a person with a knife was resolved and it was after the conclusion that a warrant was located by records and that simply running away with no assaultive behavior mentioned, is not grounds to discharge the TASER. I spoke to him at length regarding the Use of Force Model and Departmental Use of Force forms, in particular the set up of the form indicating proper responses to subject actions. I informed him that it was fortunate that he missed the target. The suspect was in no way affected by the discharge as neither probe made contact. The suspect did continue to actively resist until OC'd by Officer Saj.

I also used this opportunity to give him some advice on proper Contact/Cover roles and controlling a scene. I also gave him the opportunity to ask me any questions and that if any should arise in the future he can contact me or any of the other DT instructors. I relayed to him that Lt. Reyes, (who notified me by phone the night of the incident) was pleased that Officer Girard actively participated in the foot pursuit and subsequent capture of the suspect and was showing improvement in his duties.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Sgt. R. Stuart #256".

Sgt. Richard Stuart #256



Date: 5/17/17 Time: 1709 Arrest#: 1307 Incident #: 14-1307-AR

Reporting Officer: JAN SAJ

ID# 667

Suspects Name: HERNANDEZ, ELLYSES DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

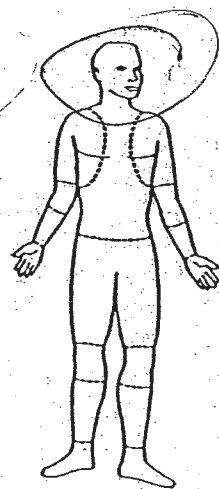
Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMI
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

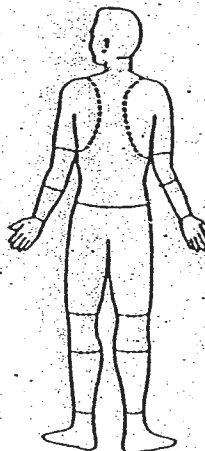
Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☒ O.C. Duration: 25 # of Bursts: 1

Was subject allowed to decon? ☒ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Monfett Charles Paul ID#: 338

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Paul David R ID#: 239

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 05/03/14 Time: 0331

Arrest#: 14-1164-AR

Incident #: _____

Reporting Officer: Walker Barrego

ID# 313

Suspects Name: Chesson, Brittany

DOB: [REDACTED]

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: [REDACTED]

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☒ Yes ☐ No

an earlier assault Subject had minor injuries from

Was the subject given medical treatment? If YES, who administered the treatment? _____

☒ Yes ☐ No

What hospital, if any, was the subject transported to? _____

☐ H.P.D. ☐ H.F.D. ☒ AMI

Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____

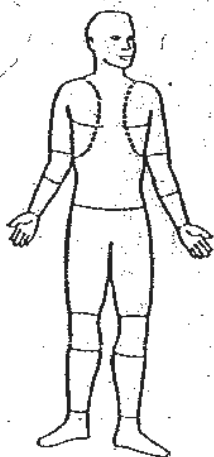
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition

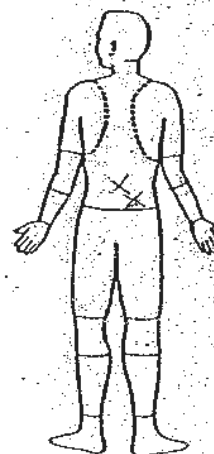
☐ O.C. Duration: _____

of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Off. Barrego use of the Taser prevented serious injuries to another person
and an officer. Use was proper as within pd. of

Supervisors Name (print): _____

Stevens

Richard B

ID#: 256

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): PRATT

David

R

ID#: 239

Signature of Bureau Commander: _____

Capt. [Signature]

* This form is to be submitted to the Chief of Office immediately upon completion



Date: 4/17/14 Time: _____

Arrest#: 14-1021-AR

Incident #: _____

Reporting Officer: Off. Kristen Shattuck

ID# 329

Suspects Name: Richard Lopez

DOB: _____

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? _____

☐ Yes ☒ No

What hospital, if any, was the subject transported to? _____

☐ H.P.D.

☐ H.F.D.

☐ AMF

☐ HMC

☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

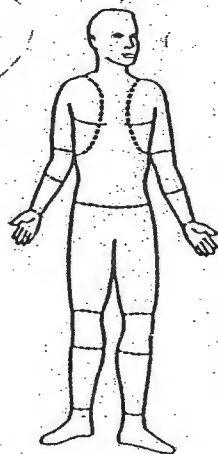
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition

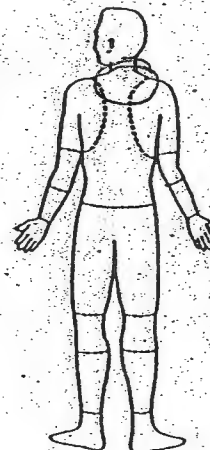
☐ O.C. Duration: _____

of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Subject was combative and resisting officers. Use was w/ a only as needed

Supervisors Name (print): _____

(Last)

(First)

(Middle)

ID#: 22

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Ph H

(Last)

(First)

(Middle)

ID#: 239

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/4/14 Time: 09:32 Arrest#: 887 Incident #: _____
 Reporting Officer: OYER ID# 201
 Suspects Name: JOEL ALICEA DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: IMPLIED THOUGH NOT DISCHARGE
☒ Yes ☐ No

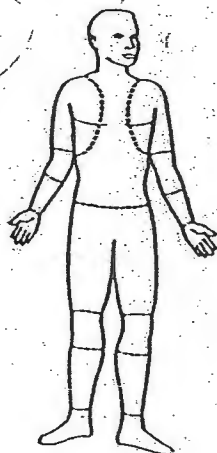
Was the subject injured? If YES, please describe the injuries: LACERATIONS TO HAND
☒ Yes ☐ No NOT FROM OFFICERS

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

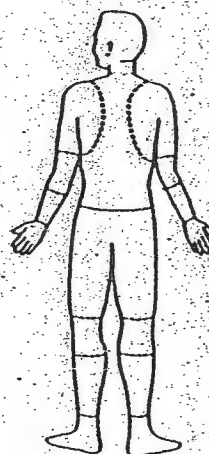
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Officer use was proper and within Dept Policy

Supervisors Name (print): STONE RICH P ID#: 216
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): PRATT David R ID#: 235
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 3/1/14 Time: 0400 Arrest#: 14579-AR Incident #: _____
 Reporting Officer: John Wieland ID# 314
 Suspects Name: Rosemary Lucerna DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

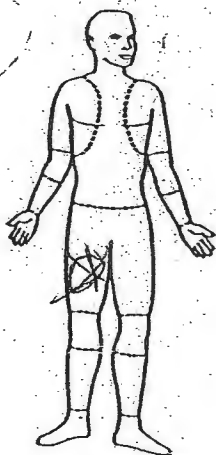
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

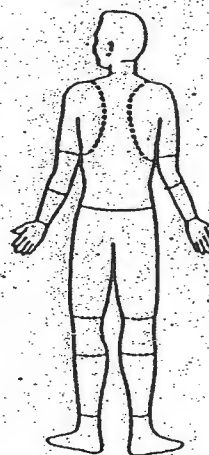
Was Restraint Chair used? ☒ Yes ☐ NO If YES, why? See Sgt Monfett Supplement

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Monfett Charles Paul ID#: 338

Signature of Reviewing Supervisor: [Signature] (Last) (First) (Middle)

☒ Approved ☐ Disapproved

(Print): [Signature] ID#: 239

Signature of Bureau Commander: [Signature] (Last) (First) (Middle)

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 02/08/14 Time: 9:30 AM Arrest#: 14-501-A1 Incident #: _____

Reporting Officer: Victor Hareda ID# 306

Suspects Name: Matthew Koske DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

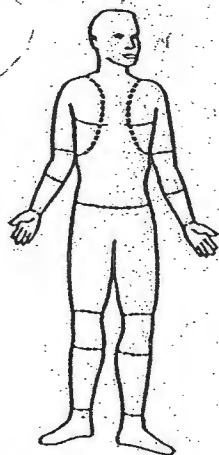
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

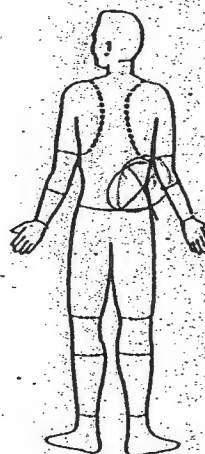
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Monfett Charles Paul ID#: 338

Signature of Reviewing Supervisor: Sgt Monfett, 338

☒ Approved ☐ Disapproved

(Print): Pro H Paul R ID#: 739

Signature of Bureau Commander: Capt [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 2/8/14 Time: 9:00pm Arrest#: 14-343-AR Incident #: _____
 Reporting Officer: Victor Heredia ID# 306
 Suspects Name: Edgar Zayas DOB: _____ SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☒ No Suspect continued to resist

Was the subject injured? If YES, please describe the injuries: _____

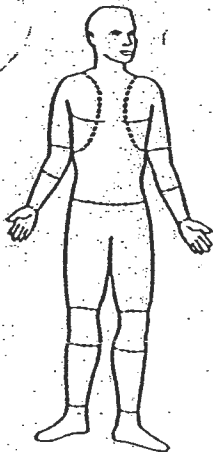
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

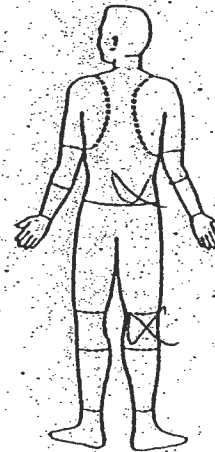
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Suspect was under authority of P.O. and armed w/ a handgun officers were justified in the use of force

Supervisors Name (print): Stan Richard B ID#: 216
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FRANK DAVID R ID#: 235
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]
 * This form is to be submitted to the Chief's Office immediately upon completion

Date: 2/11/14 Time: 09:22 Arrest#: 14-364 Incident #: _____

Reporting Officer: Gaudreau ID# 202

Suspects Name: Marie Stephanie Courad DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

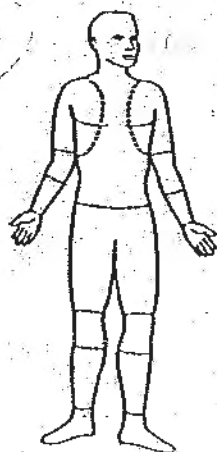
☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

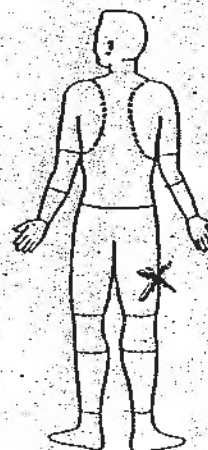
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Subject was actively resisting officers attempt at arrest. Use was proper

Supervisors Name (print): Storaz ID#: 236

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): Pratt ID#: 239

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 2/11/14 Time: 09:22 Arrest#: 14-365 Incident #: _____

Reporting Officer: Gaudreau ID# 202

Suspects Name: John Conrad DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <u>Told she would be tased. No book</u>
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

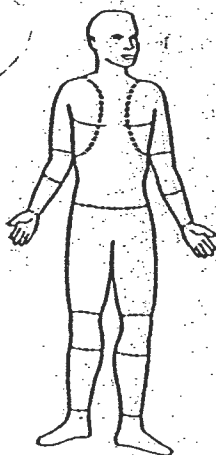
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ A.M.
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ H.M.C. ☐ B.M.C.

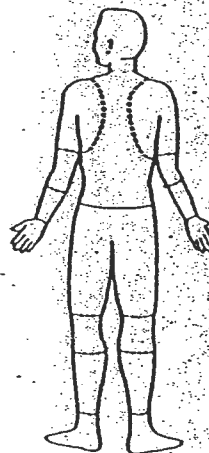
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Officer Gaudreau used proper verbal commands to get compliance
Use was proper

Supervisors Name (print): STOAR Richard ID# 215
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): PAH Daniel R ID# 239
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 1/16/14 Time: 09:50 Arrest#: 14-140 AR Incident #: _____
 Reporting Officer: R. Goudreau ID# 202
 Suspects Name: Miguel Melendez Rosario DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

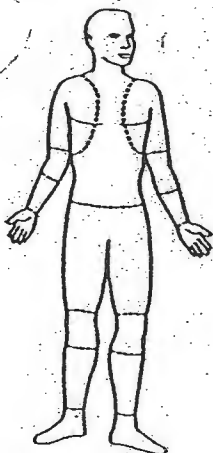
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AM
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

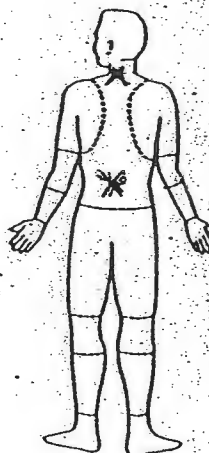
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Off Goudreau used restraint by using only PR. VESUN. His judgment was sound and within policy

Supervisors Name (print): Stora Rich B ID# 256
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Borff
 (Last)

Signature of Bureau Commander: [Signature]
 (Last)

(First) (Middle)

ID#: 235

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 1/7/14 Time: 10:30pm Arrest#: 14-64AR Incident #: _____
 Reporting Officer: Victor Heredia ID# 306
 Suspects Name: Michelle Sicard DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

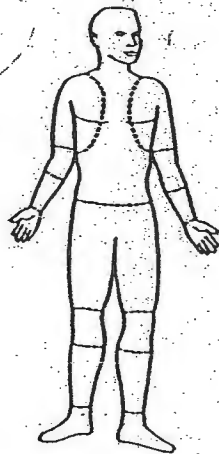
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

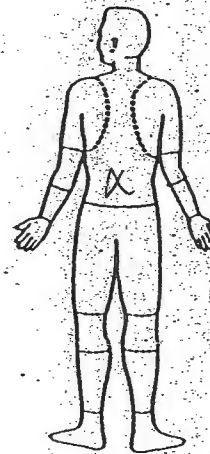
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Off Heredia used restraint in only using Drive Stun on an Assaultive Subject
Use of Force was w/o a B.A.

Supervisors Name (print): Steven P. [REDACTED] ID#: 216

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): [Signature] ID#: 235

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



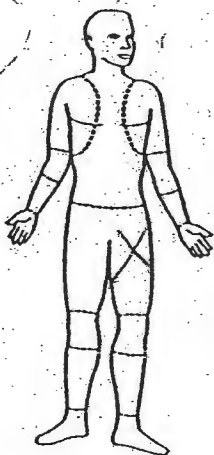
Holyoke Police Department - Use of Force Report

Date: 12/28/13 Time: 01:36 Arrest#: 13-3247 Incident #: _____
 Reporting Officer: SAMUEL DELVALLE ID# 326
 Suspects Name: DENISE SANCHEZ DOB: [REDACTED] SSN # [REDACTED]

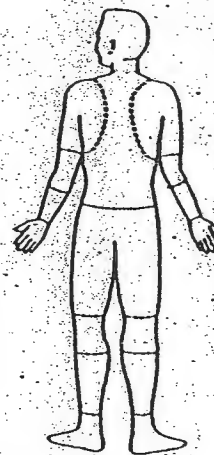
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Use of Force was appropriate for a calmly resisting subject.

Supervisors Name (print): Sturges Richard R ID#: 212
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Perez David R ID#: 273
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department - Use of Force Report

Date: 12/20/13 Time: 1240 Arrest#: 3186 Incident #: 13-3186-AR
 Reporting Officer: Manuel A. Rivera Jr. ID# 265
 Suspects Name: Joseph Connor DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF

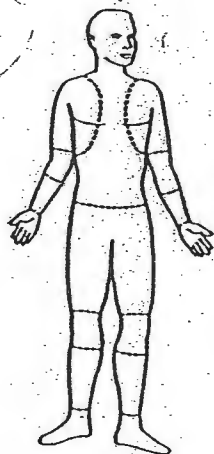
☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

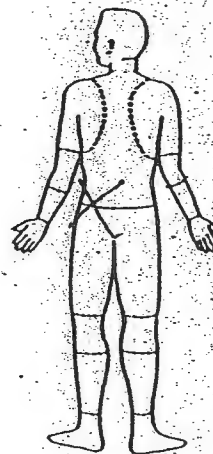
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Feyes (Last) Manuel (First) T (Middle) ID#: 289

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): _____ (Last) _____ (First) _____ (Middle) ID#: _____

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 11/19/13 Time: 1600 Arrest#: 13-2968 Incident #: _____
 Reporting Officer: Victor Heredia ID# 306
 Suspects Name: Carmelo Garcia-Rivera DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

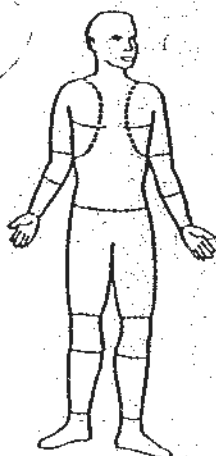
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

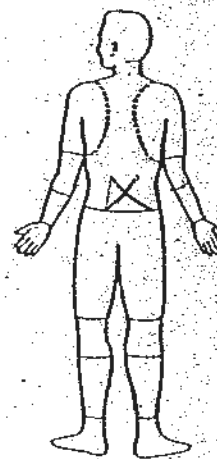
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Combative suspect - appropriate action

Supervisors Name (print): Mday Philip ID#: 240

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Batt Donal ID#: 235

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 11/13/13 Time: 12:05

Arrest#: 13-27214 Incident #: _____

Reporting Officer: Colon

ID# 264

Suspects Name: Felix Gomez

DOB: [REDACTED]

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

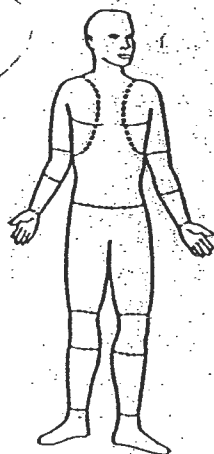
☐ Yes ☒ No

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

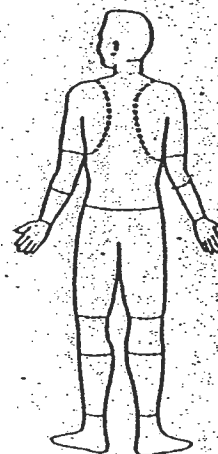
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

After incident review, display of taser and the potential use would have been justified and proper.

Supervisors Name (print): Fournier

David

ID# 169

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): PROVAT

David

ID# 235

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

EVIDENCE SYNCTM OFFLINE

DEVICE REPORT

TASER Information

Serial #: X00-686213

Model #: X26

Firmware

version: USB: 06, SW: 22

Offline Report

Date: 15 Nov 2013 01:29:39

Local Timezone: Eastern Standard Time (UTC -5:00)

Event Log

#	UTC Time	Local Time	Event	Duration	Temp	Battery
312	10/16/2013 03:47:54	10/15/2013 23:47:54	FIRE	1s	24°C	50%
313	10/17/2013 03:50:20	10/16/2013 23:50:20	FIRE	1s	24°C	50%
314	10/19/2013 03:48:05	10/18/2013 23:48:05	FIRE	1s	24°C	50%
315	10/20/2013 19:56:09	10/20/2013 15:56:09	FIRE	1s	24°C	50%
316	10/23/2013 03:50:26	10/22/2013 23:50:26	FIRE	1s	23°C	50%
317	10/24/2013 03:58:10	10/23/2013 23:58:10	FIRE	1s	24°C	50%
318	10/25/2013 03:54:48	10/24/2013 23:54:48	FIRE	1s	24°C	50%
319	10/27/2013 12:30:40	10/27/2013 08:30:40	FIRE	1s	24°C	49%
320	10/30/2013 03:55:57	10/29/2013 23:55:57	FIRE	1s	23°C	49%
321	10/31/2013 03:47:37	10/30/2013 23:47:37	FIRE	1s	23°C	49%
322	11/03/2013 03:51:28	11/02/2013 23:51:28	FIRE	1s	23°C	49%
323	11/03/2013 20:38:56	11/03/2013 16:38:56	FIRE	1s	24°C	49%
324	11/04/2013 04:57:08	11/03/2013 23:57:08	FIRE	1s	24°C	49%
325	11/04/2013 12:56:37	11/04/2013 07:56:37	FIRE	2s	23°C	49%
326	11/05/2013 04:51:02	11/04/2013 23:51:02	FIRE	1s	23°C	49%
327	11/06/2013 04:51:01	11/05/2013 23:51:01	FIRE	1s	23°C	49%
328	11/07/2013 20:28:38	11/07/2013 15:28:38	FIRE	1s	23°C	49%
329	11/10/2013 04:55:10	11/09/2013 23:55:10	FIRE	1s	23°C	48%
330	11/11/2013 05:02:22	11/11/2013 00:02:22	FIRE	1s	23°C	48%
331	11/12/2013 05:01:16	11/12/2013 00:01:16	FIRE	1s	23°C	48%
332	11/13/2013 17:21:23	11/13/2013 12:21:23	FIRE	1s	16°C	48%
333	11/15/2013 06:29:13	11/15/2013 01:29:13	SYNC	11/15/2013 06:31:12 to 11/15/2013 06:29:13		



Date: 11/16/13 Time: 0227 Arrest# 13-2940-AR Incident #: _____

Reporting Officer: _____ ID# 313

Suspects Name: Rafael Vega Quinones DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: Subject had laceration on his right eyebrow that received before Officers arrival

☒ Yes ☐ No

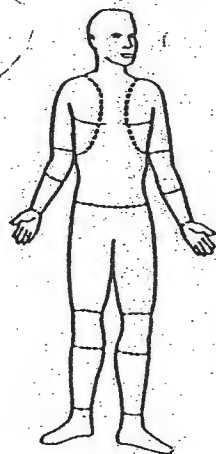
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMF
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

☒ Yes ☐ No

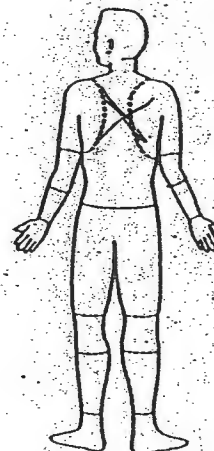
Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Suspect's actions were Resistant Active A Drive Stun was applied to avoid further injury and safety of officers on scene

Supervisors Name (print): GARCIA Joseph ID#: 200

Signature of Reviewing Supervisor: Sgt. Joseph Garcia

☒ Approved ☐ Disapproved

(Print): Proff Paul R ID#: 235

Signature of Bureau Commander: Capt. [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 11/16/13 Time: 0229

Arrest#: 13-2940-AR Incident #: _____

Reporting Officer: Walber Barrego

ID# 313

Suspects Name: Rafael Vega-Quinones

DOB: 01/11/1971

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: Subject had laceration on his right eyebrow that he received before Officers arrival

☒ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMR

☒ Yes ☐ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

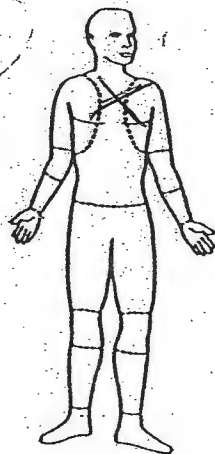
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition

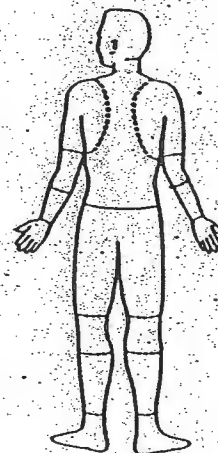
☐ O.C. Duration: _____

of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Suspects Actions were Assaultive swinging his arms to do bodily harm
The X26 Taser was used for Officer safety and to detain the suspect.

Supervisors Name (print): GARCIA

Joseph

ID#: 200

Signature of Reviewing Supervisor:

Sgt. Joseph Garcia 200

☒ Approved ☐ Disapproved

(Print): Pratt

David

R

ID#: 239

Signature of Bureau Commander:

Carl A. Pratt 200

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/24/13 Time: 23:40 Arrest#: 13-2753-47 Incident #: _____
 Reporting Officer: STEPHEN NORTON ID# 300
 Suspects Name: LUIS A. RIVERA DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☒ No

Was the subject injured? If YES, please describe the injuries: _____

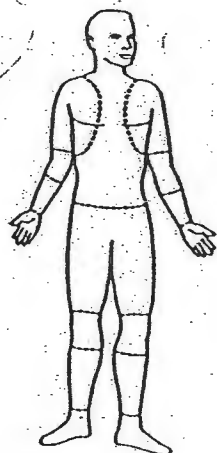
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

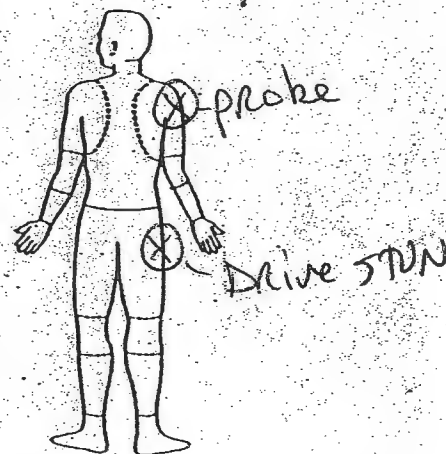
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Subject was armed w/ a handgun. As a lethal encounter officers were justified in defending themselves and others w/ lethal force. They showed great restraint in subduing the subject.

Supervisors Name (print): Steven Michel ID#: 216

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Paul D. [Signature] ID#: 278

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/24/13 Time: 23:40 Arrest#: 13-2755 Incident #: _____

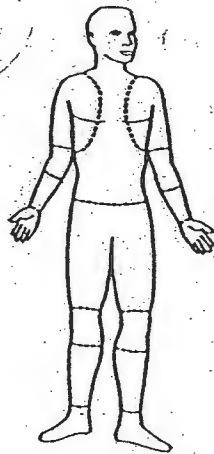
Reporting Officer: LUIS A. RIVERA STEPHEN NANTO ID# 302

Suspects Name: LUIS A. RIVERA DOB: [REDACTED] SSN # [REDACTED]

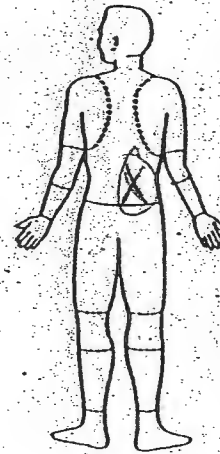
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☐ Yes ☒ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ A.M.I.
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ H.M.C. ☐ B.M.C.
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ N



Front



Back

Supervisor Reviewing Use Comments:

See #1

Supervisors Name (print): _____ ID#: _____
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Past ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: _____



Date: 10/24/13 Time: 23:40 Arrest#: 13-2753 Incident #: _____
 Reporting Officer: STEPHEN NORTON ID# 302
 Suspects Name: LUIS A. RIVERA DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☒ No

Was the subject injured? If YES, please describe the injuries: _____

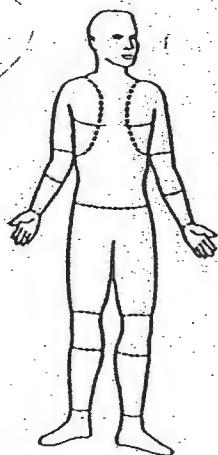
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMF
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

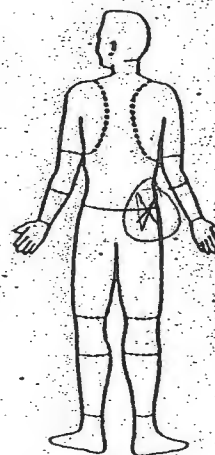
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

See #1

Supervisors Name (print): _____

(Last)

(First)

(Middle)

ID# _____

Signature of Reviewing Supervisor: _____

☐ Approved ☐ Disapproved

(Print): _____

(Last)

(First)

(Middle)

ID# _____

Signature of Bureau Commander: _____



#4

Date: 10/24/13 Time: 23:40 Arrest#: 13-2753-A2 Incident #: _____
 Reporting Officer: STEPHEN NORTON ID# 302
 Suspects Name: LUIS A. RIVERA DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

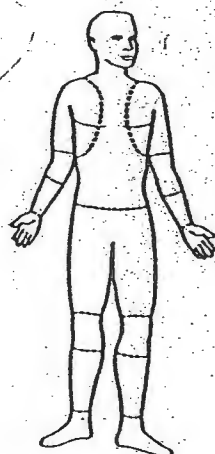
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMF
 What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

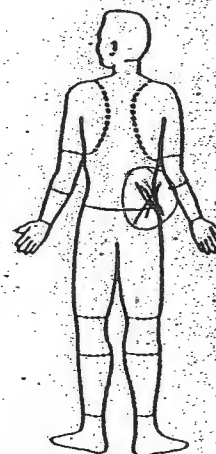
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

See #1

Supervisors Name (print): _____

(Last)

(First)

(Middle)

ID#: _____

Signature of Reviewing Supervisor: _____

☐ Approved ☐ Disapproved

(Print): _____

(Last)

(First)

(Middle)

ID#: _____

Signature of Bureau Commander: _____

90

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/22/13 Time: 1000 Arrest#: 2724 Incident #:

Reporting Officer: Manuel A. Rivera JR. ID# 265

Suspects Name: William Barbosa- Lopez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment?

☐ Yes ☒ No

What hospital, if any, was the subject transported to?

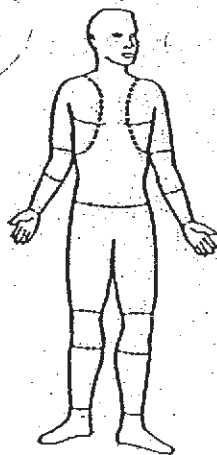
☒ H.P.D. ☐ H.F.D. ☐ AMI
☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

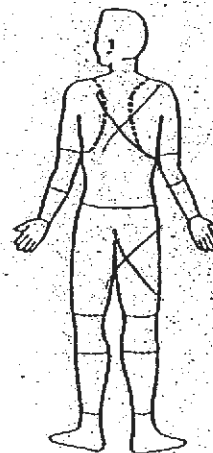
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

After incident review, use of force was justified and proper to apprehend and subdue subject.

Supervisors Name (print): Fournier

David

ID#: 169

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

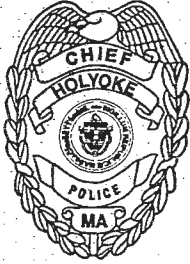
(Print): FASIT

David

ID#: 273

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief of Office immediately upon completion



HOLYOKE POLICE DEPARTMENT INTEROFFICE CORRESPONDENCE

TO: Capt. David Pratt
FROM: Sgt. Richard Stuart
RE: Arrest 13-2724AR
DATE: November 21, 2013

Captain:

On October 23, 2013 I did a Data Download of the Taser used in the above arrest. The download showed that 4 cycles were delivered during the arrest.

I reviewed the report from Officer Manual Rivera and took note that the way the report was written, it did not mention multiple cycles. All Officers trained in the use of the Tasers have been advised that when multiple cycles are delivered they are considered unique uses of force and as such require a Use of Force form be filled out for each cycle.

I informed Lt. Fournier and advised him that I will speak to Officer Rivera regarding the incident and his need for more detailed reporting.

On November 12, 2013 I conducted a re-certification class with Officer Rivera as well as going over the difference between an actively resisting subject and an assaultive one. I also discussed with him the need for multiple Use of Force Forms in the future. He was advised that he must not, if at all possible, abandon the weapon to go "Hands On". The time to handcuff is during the window of opportunity created during the cycle, and is best accomplished by another Officer while he maintains control via the Taser.

Respectfully submitted,


Sgt. Richard Stuart

APPROVED:
DISAPPROVED:

SHIFT COMMANDER:

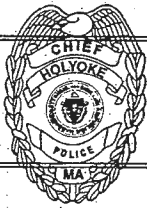
APPROVED:
DISAPPROVED:

Capt David R. Pratt #734

CAPTAIN DAVID R. PRATT
COMMANDER
FIELD OPERATIONS BUREAU

APPROVED:

JAMES M. NEISWANGER
CHIEF OF POLICE
HOLYOKE POLICE DEPT.



**HOLYOKE POLICE DEPARTMENT
INTEROFFICE CORRESPONDENCE**

TO: Captain David Pratt

FROM: Lt. David D. Fournier

SUBJECT: Taser Deployment RE: Arrest #13-2724

DATE: November 08, 2013

NUMBER:

Captain:

On November 07, 2013 I spoke with Officer Manuel Reyes #265 concerning his use of the taser in the arrest of William Barbosa-Lopez (13-2724-AR) on October 22, 2013.

As a background, Barbosa-Lopez had been apprehended on this date by the Warrant Task Force as a fugitive from Puerto Rico, for several armed robberies. Officer Rivera arrived on-scene to transport Barbosa-Lopez to HPD HQ for booking. Upon arrival to HQ, Barbosa-Lopez was able to escape custody by breaking away from Officer Rivera and rolling under the Sally Port door as it was closing. Officer Rivera gave foot chase as Barbosa-Lopez fled through Heritage Park towards the Children's Museum. As Officer Rivera closed the distance he ordered Barbosa-Lopez to stop. Barbosa-Lopez continued, where-by Officer Rivera deployed his taser, striking Barbosa-Lopez, causing him to fall to the ground. At this time Barbosa-Lopez was secured and returned to HQ. Additional charges were levied against Barbosa-Lopez as a result.

At the time of report, Officer Rivera completed the "Use of Force" report for the taser deployment. After review, the use was approved by me. Per department policy, the taser was removed from service pending the download of deployment data by Sgt. Richard Stuart.

On October 23, 2103 I was advised by Sgt. Stuart the taser in question had been deployed a total of four (4) times during the incident.